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Postnatal Education Package for Breastfeeding Motivation and Self-Efficacy among Mother with Early Stage Postpartum

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Abstract

Background: The postpartum period is a phase of adaptation in accepting a new role as a mother. During this period experienced, several changes occurred in mothers and their partners and their families, especially in the early week after giving birth. As a form of maternal support, which is an essential key to the health of the mother and baby, a supportive education structure is crucial to give. The *Family-Centered Maternity Care* (FCMC) approach can be a choice for mothers to adapt to role changes, especially for maternal beliefs in caring for infants and motivations to give breast milk. **Objective**: This study aimed to determine the effect of PEP (P*ostnatal Education Package*) on *self-efficacy* and breastfeeding motivation among mothers during the early postpartum period. **Method**: This study uses pre-experimental research methods with *one group pretest-posttest.* **Result**: The results showed increased breastfeeding motivation and self-efficacy among mothers after receiving the intervention (*p-value* of <0.0001). **Conclusion**: Education supportive structured with the FCMC approach can concern health workers improve further education programs to help increase competent mothering during the postpartum period.

Keywords: postpartum, maternal parenting self-efficacy, breastfeeding mothers' motivation, structured supportive education

INTRODUCTION

The problem of supervision of postpartum mothers is an essential part of one of the series of care of mothers and babies at home, which aims to determine the maternal health, baby's health, and relationships of both so that it can be planned for the right help in the event of a health problem[1],[2]. During this time, postnatal education in health services was running, but the granted education focused only on the issues faced. Hence, the information received by postpartum mothers is less than optimal.

Given that the maternal mortality rate (MMR) and the Neonatal Mortality Rate (NMR) are indicators of Indonesia's level of public health, the government supports synergistic and integrated prevention efforts. Data from the Indonesian Demographic and Health Survey in 2017 showed an NMR of 15 per 1,000 live births. This indicates that NMR has not achieved the 2030 Sustainable Development Target (TPB/SDGs), equal to 12 per 1,000 live births[3].

In postpartum mothers, there is a physical and psychological change that requires a process of adaptation or adjustment. The changes can reduce maternal beliefs to care for newborns[4]. Some researchers support postpartum mothers who can receive services directly from health workers to listen therapeutically and have enough time to listen[5]. During this postpartum period, the role of new parents could not be separated from the cooperation between mothers and husbands members and other family members. Constraints often found in the community related to postpartum mothers are assumptions and myths associated with the prohibition of mobilization, restricted foods, and providing colostrum, so postpartum mothers are only prioritized to rest without taking action related to myths[6]. In this case, the education of postpartum mothers is critical to be given with the concept of the Family-Centered Maternity Care (FCMC) using education supportive, structured method.

A series of postpartum mothers' supervision needed deliberate efforts to change the behavior of new parents and their families. One of its efforts is to give PEP (Postnatal Education Package). The education conducted is related to breast care, nutrition, cesarean section wound care, perineum treatment with or without stitches, monitoring of uterine involution, newborn care, and lactation management[7],[8]. The steps to optimize postnatal education efforts are through family involvement, both husbands and parents (mother or mother-in-law)[1]. Optimizing the understanding of mothers in postpartum care and newborns will help reduce the risk of neonatal death and the postpartum period[9]. The research related to postnatal education to improve understanding of the mother, namely research by Asmuji and Indriyani (2014) concerning the postnatal educational model through the Family-Centered Maternity Care (FCMC) approach, can be an alternative to the right choice for postpartum mothers in adapting role changes[10]. Other studies by Rahmayanti et al. (2021) concerning FCMC-based online education on self-efficacy postpartum mothers in breastfeeding can facilitate mothers to increase confidence in breastfeeding[11]. Based on this, providing postnatal education with education support structured through the Family-Centered Maternity Care (FCMC) approach is very necessary to do research by focusing on postpartum mothers involving couples and families as social support

OBJECTIVE

The study aimed to examine the effect of PEP (Postnatal Education Package) on the self-efficacy and breastfeeding motivation among mothers during the early postpartum period in the working area of Puskemas Mengwi II, Badung.

METHOD

Design

Research using pre-experimental quantitative research methods with a research design using one group pretest-posttest. The population in this study was 88 third-trimester pregnant women who approached deliveries to check their pregnancies in the Puskesmas Mengwi II area.

Sample & Sampling Technique

Sample selection uses the accidental sampling technique with the sample number expected to meet 50 respondents. The inclusion criteria for respondents are postpartum mothers with live births, early stages of postpartum (> 24 hours to 1 week), postpartum mothers who agreed to be respondents, and postpartum mothers without complications. Exclusion criteria are mothers with newborns hospitalized because of illness in the postpartum period and mothers with newborns who have innate abnormalities. Data retrieval was carried out for six months by looking for respondents according to the criteria

Ethical consideration

The implementation of research that has been made has received in STIKES Bina Usada Bali ethical approval with the ethics number No.055/EA/KEPK-BUB-2021, May 11th, 2021, and obtain permission from the Head of Puskesmas Mengwi II, Badung. All mothers involved as research respondents will get informed consent before the research begins. The researcher explained that this research was voluntary. All mothers who were respondents explained the benefits, research procedures, and the guarantee of the confidentiality of the identity of the respondent's data which was only used for research purposes.

The instrument for data collection

Agree The research instruments used are two measurements of self-efficacy and breastfeeding motivation for mothers. To measure the self-efficacy used, maternal parenting self-efficacy (MP-SE) consists of 20 items of questions and four subscale indicators, namely caretaking procedures, evoking behavior, reading behavior or signaling, and situational belief. Of the 20 items, an assessment will be assessed using a 4-point Likert scale starting from strongly disagreeing (score 1) and strongly agree (score 4). This instrument requires 10 minutes of work. The second instrument is the Breastfeeding Motivational Instructional Measurement Scale (BMIMS). BMIMS selected in this study consisting of 36 items of questions about the motivation for breastfeeding modified with Likert scale for positive questions is strongly agree=3, agree=2, disagree=1, disagree=0, and for negative questions is strongly agree=0, agree=1,less agree=2, disagree=3, with the interpretation is 71% -100% = height, 41% - 70% = medium, 0-40% = low. This instrument requires a work time of about 15 minutes. These instruments have been tested for validity and reliability with the Cronbach alpha on the MP-SE scale of 0.80 and BMIMS 0.76.

Data collection process

After obtaining research permits, researchers worked with the Puskesmas to determine the Puskesmas area that had patients according to the criteria and number of patients over the past three months. Researchers define two enumerators who meet the requirements of nurses in the Puskesmas Mengwi II. The requirements include a minimum of a bachelor's degree, communicative, skilled, careful, and willing to participate in the research process. Researchers carry out the equality of perceptions regarding filling in questionnaires and the course of the research, explaining the PEP module (Postpartum Education Package).

The equation of perception by researchers to the enumerators was carried out before the research. Researchers and enumerators held a meeting. This meeting was carried out with to aim for researchers and assistant researchers to have the same perception of the procedure for data collection. In the division of tasks study, the chairman of the researcher was tasked with coordinating and controlling the course of research in total and involved in data collection, and responsible for the study's results until the study results could be disseminated. Members of the researchers are tasked with assisting researchers in managing research and data collection licenses. Enumerators are tasked with helping researchers in data retrieval when home visits and become facilitators in consultation.

Postpartum Education Package program

The application of PEP intervention begins with researchers meeting with prospective respondents by conducting home visits, explaining the research, and providing informed consent. Respondents will be given a pre-test in a maternal questionnaire Parenting Self-Efficacy and Breastfeeding Motivational Instructional Measurement Scale. Then the intervention is gradually delivered within one week. Every day, researchers provide education in videos about breast care, nutrition, sectio Caesarea wound care, perineum care with or without perineum stitches, monitoring of uterine involution, newborn care, and lactation management, then continued the online consultation method through the WhatsApp application. After finishing the intervention for one week, then post-test will again be given using the same questionnaire

Data analysis

Data analysis consisted of univariate analysis, distributed according to research variables and respondents' demographic data such as age, education, work status, family income, type of labor, and the number of biological children. For bivariate analysis, the two variables, namely breastfeeding motivation and self-efficacy in postpartum mothers, were previously tested on normality in data scores in each group.

The statistical analysis used in this study was the Shapiro Wilk test. In the normality test, the researcher uses the probability value parameters (sig) as a reference with the provisions if the probability value (sig) ≥ 0.05, then the data is distributed normally, but if the probability value (sig) <0.05, then the data is not normally distributed. The data obtained is that each group has a probability value (sig) <0.05, which means the data is not normally distributed. Based on these results, the data will be analyzed using a non-parametric test, namely the Wilcoxon Signed Rank test.

RESULTS

Table 1 shows the minimum age of 22 years of respondents and the maximum age of 34 years, with a mean value of 27.20 years and a 27-year median. Most respondents have a 24-person low education background (48%), namely elementary, middle and high school education, and 20 people (40%) with high education backgrounds. More than half respondents (58%) with an average family income of ≥ Rp 2.900.000. The respondents of this study mostly have spontaneous delivery experiences (64%), and also, most have one child (72%)

Table 1. Characteristics of respondents (n=50)

Characteristics	Mean ± SD (min-max)	f	(%)
Age	27.20 ± 3.276 (22 – 34)		
Education			
High		20	(40.0)
Low		24	(48.0)
No education		6	(12.0)
Working status			
Work		29	(58.0)
No work		21	(42.0)
Family income			
≥ 2.900.000		31	(62.0)
< 2.900.000		19	(38.0)
Types of labor			
Not spontaneous		18	(36.0)
Spontaneous		32	(64.0)
Number of biological children			
1 kid		36	(72.0)
2 kids		11	(22.0)
3 kids		3	(6.0)

The results of the motivation of breastfeeding mothers in this study consisted before being given intervention and after being given interventions can be seen in table 2.

Table 2. Breastfeeding motivation in pre-test and post-test group

Breastfeeding Motivation	f (%)	
	Pre	Post
High motivation	33 (66)	49 (98)
Less motivation	17 (24)	1 (2)
Low motivation	0 (0)	0 (0)

Table 2 shows breastfeeding motivation among mothers before being given PEP intervention. Most of the respondents had high motivation (66%), and no one had low

motivation. However, some respondents still had less motivation, namely 17 people (24%). There is data on motivation change after being given PEP intervention, namely high motivation (98%) and less motivation (2%).

In addition to motivation, the Maternal Measurement of Self Efficacy (MP-SE) results are categorized into two categories, namely height and low. Each question item is summed to be categorized by looking at the data distribution. In this study, the data distribution is not normal, so the high and low categories use the median value.

Table 3. Maternal parenting self-efficacy in the pre-test and post-test group

MP-SE Category	f (%)	
	Pre	Post
High self-efficacy	6 (12)	28 (56)
Low self-efficacy	44 (88)	22 (44)

The table shows that most respondents had low self-efficacy (88%) while (12%) had high self-efficacy. Post-test results after being given interventions that describe that most have 28 high self-efficacy (56.0%).

The bivariate analysis results display an influence on breastfeeding motivation and self-efficacy of postpartum mothers before and after being given PEP (Postnatal Education Package) interventions. Results can be seen from the *p-value* in each variable, including Maternal Parenting Self Efficacy with *a p-value* (<0.0001) and Breastfeeding Motivation *p-value* (<0,0001).

Table 4. Effect of PEP (Postnatal Education Package) on breastfeeding motivation and self-efficacy postpartum mother's early stage

Variable	Mean ± SD		Z	*p-value*
	Pre	Post		
BMIMS	71.52 ± 9.654	87.86 ± 7.376	-4.000	<0.0001
MP-SE	40.04 ± 8.951	72.92 ± 5.858	-3.889	<0.0001

DISCUSSION

The postpartum period is an interval between the birth of the fetus and the return of normal preposition reproduction organs such as before pregnancy. Postpartum consists of several stages, namely the stages of immediately postpartum (0-24 first), stages of early postpartum (> 24 hours-1 first week), and late postpartum stages (> 1 week-6/8 weeks)[1].

The early postpartum period (24 hours - 1 week) is a phase where it requires special attention to uterine involution. In normal circumstances, it should be noted that there is no bleeding, lochia does not smell foul, no fever, the mother has enough food and body fluids to be fulfilled, and mothers can breastfeed well. Postpartum psychological changes in mothers for the difference they experience consist of three phases: taking in, taking hold, and letting go. In the Taking-In phase, the mother focuses on fulfilling personal needs such as fluid, food, rest, or sleep. Mothers expressed their feelings more after childbirth and would tell the process of giving birth to the people around them as a mother's coping mechanism. Providing information in this phase needs to be repeated because mothers often experience anxiety about their new role. As a result, this condition can narrow the perception of the mother. The taking-hold phase is a dependent-independent phase. Mothers show their attention to self-care and their babies. This phase lasts ten days, from the third day to the second to 3rd week after postpartum. Mother is very open to getting any information. Postpartum education is right given to this phase[12].

In all developing countries, newborns still die in the early months of life. The provision of evidence-based newborn care interventions is an appropriate treatment to reduce infant mortality. In research by Laura Subramanian (2020), it is proposed that postnatal education programs are critical to be carried out in a structured manner and involve families[7].

The study results show that before being given intervention, postpartum mothers have more high breastfeeding motivation, and no one has low motivation. Motivation is an encouragement of someone's efforts to be able to take action to achieve specific goals. This motivation can be in the form of internal and external motivation. Internal motivation can be a person's basic needs, perceptions, experience, the ability to learn, and value

systems adopted. In contrast, external motivation can mean supporting an award[13].

Based on Home Visit results carried out at the beginning of the study, many aspects that can affect mothers' motivation in providing breast milk, seen in the data of many mothers who work, are educated low, and there is a young age. Mothers' encouragement depends on the support of partners and family members, and some have not been equipped with knowledge related to lactation management and breastfeeding techniques. Some mothers look desperate when breastfeeding their babies at the beginning of the pivotal-time period because they feel the milk is a little and pain in the breast, making them preferable to give formula milk. It is supported by research by Dania and Fitriyani (2020) that high motivation in giving breast milk will potentially be able to provide exclusive breast milk, and low motivation can potentially for a weak push in giving exclusive baby breastfeeding[14]. Home visits also help reduce postpartum and newborn morbidity and mortality, improve family bonds and reduce the risk of postpartum complications[15]. Mother's satisfaction during home visits may also be better than during checks in health services; because of this, the mother's motivation is increased[16].

After being given PEP intervention, there are changes in mothers who lack the motivation to decrease, and almost all have high motivation. A mother's motivation in providing breast milk can not be separated from her social, cultural background, mother's psychological, and high deals related to formula milk promotion[13]. In data, the characteristics of respondents are primarily primiparous mothers, which are generally often associated with increased motivation to give breastfeeding because of a new mother and supported by the state of the Covid-19 pandemic that requires babies to remain exclusive breastfeeding to boost body immunity[17].

The results of this study supported Jamila Abuidhail's (2017) research that postpartum breastfeeding education effectively encourages mothers' desire to practice breastfeeding and exclusive breastfeeding[18]. Other studies that support the effectiveness of using chat accounts to increase exclusive breastfeeding at one month, three months, and six months postpartum provide scientific evidence of an effect on exclusive breastfeeding[19],[20].

The high and low rates of exclusive breastfeeding are influenced by the knowledge that every mother has about the benefits of breastfeeding and the limited support and motivation from families and health workers[21]. A mother's encouragement to breastfeed her baby is crucial for the success of exclusive breastfeeding. Therefore, many studies have supported the importance of adding insight to postpartum mothers to improve breastfeeding practices by providing independent learning videos and postpartum lactation counseling[22]. The survey research results support this by Khasawneh, W (2020). The results show that 78% of mothers know the benefits of breastfeeding and are aware of WHO recommendations and 72% have a positive attitude towards breastfeeding. Less than 20% receive counseling from maternal services. Based on this, it is essential to do a comprehensive intervention for knowledge about breastfeeding[23],[24].

The other variables are self-efficacy. Before being given the intervention, postpartum mothers have the lowest self-efficacy. This can be influenced by the characteristics of research respondents with the highest percentage of primiparous mothers. Maternal self-efficacy is a belief or maternal belief with its ability to take care. A primiparous mother certainly has less experience in making care because the role of parents and mothers is new in her life. Tasks and challenges as new parents can cause severe pressure for mothers and reduce maternal confidence, which causes low self-efficacy[25].

The results of the study featured that there was an increase in self-efficacy in respondents after PEP intervention. This can occur because it has obtained postnatal education with an education-supportive, structured method that can help increase the mother's confidence in caring for her baby.

This is supported by research from Milgrom et al. (2019), which mentions social support has a strong role in the low incidence of postpartum depression[26]. Social support can be a partner, family support, and support from health workers. In the potential period, many challenges must be traversed by mothers, namely related to fulfilling their own basic needs and meeting the baby's needs. The lack of experience and knowledge in fulfilling this will lead to the emergence of negative thoughts to themselves and result in postpartum depression.

The postpartum period is also a time for mother and baby to bond. Bonding is an emotional bond between mother and baby gradually from immediately after birth to form an attachment. Self-efficacy that begins to increase will undoubtedly make the mother confident in creating bonding and attachment[27]. Health care providers must evaluate postpartum maternal self-efficacy and adjust interventions according to the mother's needs if experiencing low self-efficacy[24].

The results of bivariate analysis state an influence on breastfeeding motivation and self-efficacy of postpartum mothers before and after being given PEP intervention. The results also show that efforts to increase competent mothering in postpartum mothers through PEP, which is one of the education supportive, structured methods, affect. Education supporting structure is an act of providing health education with counseling to motivate and place counseling recipients. It can state their needs or problems to the counselor to find a way out and know that information received can be helpful for himself and can be carried out with his consciousness.

In receiving information, there is a stage of behavior, namely: the first stage of awareness (consciousness phase), the second stage of interest (the phase of attention), where individuals begin to be interested in the attention of renewal. Educators can better inform education at this stage of health by using educational media. The third stage is the evaluation phase, where at this stage, it is necessary to approach so that it can suggest the difficulties faced. The fourth stage is a trial (trial phase), and the fifth stage is the adaptation (acceptance phase). Respondents receiving educational information have gone through the steps of behavior, from the awareness phase to the acceptance phase[28]. This research supported Rahmayanti research et al. (2021) that FCMC-based online education against self-efficacy postpartum influences provided exclusive breastfeeding[11].

In this pandemic, the motivation of giving breast milk and self-efficacy for the initial postpartum mothers. It would likely continue to decline because of the reduced intensity of meeting other people to share experiences and reduced frequency of visits to public health services, resulting in reduced information obtained by postpartum mothers. Therefore, if the maternal parenting self-efficacy is high, it will affect the actions of mothers carrying out babies, and motivation in giving breast milk is also higher because the mother's confidence begins to emerge[29],[30]. Research by Shorey et al. (2015) states that social support has a significant positive relationship with maternal parenting self-efficacy. This supports researchers in giving PEP the FCMC approach that involves the family closest to social support[31].

Based on the theory of Ramona T. Mercer about maternal role attainment, interactions between mothers, babies, fathers, and the environment. It dramatically influences the mother to achieve the role of mother and partner as parents for children's development [32]. Increasing maternal competencies in maintaining self-care and changes to the behavior of the new role as a mother enhances the care of newborns. The provision of demonstrations and consultations online is an intervention that can increase the mother's confidence and mother's motivation in taking care, especially in giving breast milk.

Based on the results and discussion, it can be concluded that there is an effect of the Postnatal Education Package (PEP) on breastfeeding motivation and self-efficacy among mothers during the early postpartum period. Seen the difference before and after being given PEP, efforts to increase the mother's encouragement to breastfeed her baby and mother's confidence in caring for her

baby during the postpartum period changed for the better.

The results of this study are expected to help develop new educational models, especially for postpartum mothers, so that they can carry out home visit programs. It is recommended that the home visit program at the Puskesmas can be modified to be carried out online during the pandemic by monitoring health workers. The researchers will further modify the research method and add educational components to the development of postpartum mothers' educational methods in the pandemic Covid-19.

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